STATE OF CALIFORNIA - THE RESOURCES AGENCY   **ARNOLD SCHWARZENEGGER, Governor**

DEPARTMENT OF WATER RESOURCES

CENTRAL DISTRICT	NORTHERN DISTRICT	SAN JOAQUIN DISTRICT	SOUTHERN DISTRICT
3251 S Street	2440 Main Street	3374 E. Shields Ave Ste A7	770 Fairmont Avenue
Sacramento, CA 95816	Red Bluff, CA 96080	Fresno, CA 93726	Glendale, CA 91203
(916) 227-7632	(530) 529-7300	(559) 230-3300	(818) 500-1645 ext. 233
(916) 227-7600(Fax)	(530) 529-7322 (Fax)	(559) 230-3301 (Fax)	(818) 543-4604 (Fax)

WELL COMPLETION REPORT REQUEST--OWNER

California Water Code Section 13752 allows the release of copies of confidential Well Completion Reports to any person who obtains written authorization from the owner of the well. Well owners may use this form to authorize the release of a Well Completion Report by the Department of Water Resources. DWR requires the township, range, and section of the property where the well is located to start a search. Attach a map or a sketch with a north arrow, and provide as much identifying information listed below as possible; use additional paper if necessary. Sign the form, and submit it to the appropriate DWR District office.

Location of well (city and county): _____ Year drilled: _____

Street Address: _____

Distances and directions from cross streets or other landmarks:

_____

Township _____ Range _____ Section _____ Quadrant _____ Well Use _____

Owner at time of drilling _____ Driller _____

Depth of well _____ Diameter and type of casing _____

Other identifying information, such as assessor's parcel number (on tax statement), subdivision or tract, lot number, well number, well completion report number, driller, date completed, etc.:

_____

I certify that I am the present owner of the well described above.	**Complete this part only if you wish a copy sent to someone other than yourself.** Please send a copy of this Well Completion Report to:
Name (**please print**)	Name (**please print**)
Company Name (**please print**)	Company Name (**please print**)
Address	Address
City, State, and Zip Code	City, State, and Zip Code
Title:	Title:
Telephone: ( )	Telephone: ( )
FAX: ( )	FAX: ( )
Date:	Date:
E-mail:	E-mail:
Signature	Owner's Signature Authorizing Release